



Mitt Romney
Governor

Kerry Healey
Lieutenant Governor

The Commonwealth of Massachusetts

Department of Public Safety

One Ashburton Place, Room 1301

Boston, Massachusetts 02108-1618

Phone (617) 727-3200

Fax (617) 727-5732

Robert C. Haas
Secretary

Thomas Gatzunis
Commissioner

APPEAL FROM DECISION OF EXAMINER

Chief of inspections
Department of Public Safety
One Ashburton Place – Room 1301
Boston, MA 02108-1618

Dear Sir/Madam:

In accordance with the provision of Chapter 146 of the General Laws, (Ter, Ed.), I hereby request that I be granted an appeal from the decision of Inspector _____, in

- Refusing to grant me a _____ license.
- Suspending my _____ license.
- Revoking my _____ license.

(The word license shall also be constructed to mean certificate)

Date of suspension, revocation or refusal to grant license: _____.

This appeal must be filed within one (1) week of the date on the line above and must be accompanied by a check made out to the Commonwealth of Massachusetts for \$20.00, send completed application to: Department of Public Safety, One ashburton place – Room 1301, Boston, MA 02108 ATTN: CASHIER'S

Respectfully,

X _____ **X** _____
(Print Name) (Signature of Appellant)

Home Address: _____
(Street) (City) (State) (Zip)

(Home Tel:) (Business Tel:)

Business Address: _____
(Street) (City) (State) (Zip)